

Application Data Sheet

Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CFR:

Title: PORTABLE FIRE HYDRANT SYSTEMS

Attorney Docket Number: PDC-0015

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: n/a

Total Drawing Sheets: 26

Small Entity?: Yes

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Wayne
Middle Name:	Edwin
Family Name:	Miller
Name Suffix:	
City of Residence:	Lancaster
State or Province of Residence:	Pennsylvania
Country of Residence:	United States of America
Street of mailing address:	652 Oakwood Lane
City of mailing address:	Lancaster
State or Province of mailing address:	Pennsylvania
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	17603

Correspondence Information

Correspondence Customer No.:	23377
Name:	
Street of Mailing Address:	
City of Mailing Address:	
State or Province of Mailing Address:	
Country of Mailing Address:	
Postal or Zip Code of Mailing Address:	
Phone number:	
Fax number:	

Representative Information

Representative Customer No.:	23377
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/496,498	August 20, 2003
This is	An application claiming the benefit under 35 USC 119(e)	60/496,514	August 20, 2003

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
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Assignee Information**Assignee name:****Street of mailing address:****City of mailing address:****State or Province of mailing address:****Country of mailing address:****Postal or Zip Code of mailing address:**